

**Speech-Language Pathology and Audiology Board**

1422 Howe Avenue, Suite 3, Sacramento, CA 95825-3204

Telephone: (916) 263-2666 / Fax: (916) 263-2668

www.slpab.ca.gov



SUPERVISOR RESPONSIBILITY STATEMENT

All qualified speech-language pathologists or audiologists who assume responsibility for providing supervision to a required professional experience (RPE) must complete and sign under penalty of perjury, the following statement.

- 1) I possess the following qualifications to supervise a speech-language pathology or audiology applicant:

A California license issued by the Speech-Language Pathology and Audiology Board, or

A current Certificate of Clinical Competence in speech-language pathology or audiology, respectively issued by the American-Speech-Language-Hearing Association.

- 2) I agree to ensure that either my California license or my ASHA CCC is renewed in a timely manner. Failure to do so could result in a loss of credit for experience obtained by the RPE.
- 3) I agree to provide 8 hours direct supervision per month for each full-time RPE and 4 hours direct supervision per month for each part-time RPE. (Full-time is defined as 30-40 hours per week. Part-time is defined as 15-29 hours per week).
- 4) I will not supervise more than 3 RPE's at any one time pursuant to Section 1399.153.4 of the California Code of Regulations.
- 5) I will immediately notify the RPE of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure, that effects my ability or right to supervise.
- 6) I know and understand the laws and regulations pertaining to the supervision of the RPE's and the experience required.
- 7) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the RPE and shall be accountable for the assigned tasks performed by the RPE .
- 8) I will provide the Board with this original signed form within 30 calendar days of commencement of any supervision. I will provide a copy of this form to the RPE.
- 9) At the time of termination of supervision, I will complete the Required Professional Experience (Verification) form. I will submit the original signed form to the board within 10 calendar days of termination of supervision.

Please keep this page for your records

The following individuals currently holding a temporary license with the board, are obtaining their RPE under my supervision:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE APPLICANT		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE APPLICANT		

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and the information submitted on this form is true and correct.

Signature (in blue ink)	Date
Print Full Name	License Number or CCC # (If not licensed, please attach an original "Verification of Certification" letter)
Mailing Address	
City State Zip Code	Beginning Date Supervision
Telephone	

RPE Applicant's Full Name	RPE Number (if available)
Social Security Number	
Address	
City State Zip Code	

Please return this signed page to: Speech-Language Pathology and Audiology Board
1422 Howe Avenue, Suite 3
Sacramento, CA 95825